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**SOMALI JOURNALISTS SYNDICATE – URURKA SUXUFIYIINTA SOOMAALIYEED**  
Osoble-Adde Building, KM4 area, Near Hayat Hotel, Wadajir, Mogadishu, Somalia  
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Tel Office: +252 1 857 551 Email: membership@sjsyndicate.org   
For General inquiries: Email us: [sjs@sjsyndicate.org](mailto:sjs@sjsyndicate.org" \t "_blank)  
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| PHOTO  SAWIR  **MEMBERSHIP APLLICATION FORM**  **Foomka Codsiga Xubinnimada**  **Full Membership Associate Membership Student Membership**  Xubin Buuxda Xubin Aan Buuxin Xubin Arday  Full Name(s)………………………………………………………………………………………………………  Magaca oo buuxa:  Employer, School or Organization: ………………………………………………………………………………  Loo shaqeeyaha, Iskuul/Jaamacad ama Hay’adda:  Medium:…………………………………………………………………………………………………………..  Nooca Warbaahinta:  Current Title or Position:……………………………………………………………………………………. ……  Xilka ama Darajada:  Professional Experience:…………………………………………………………………………………………. Khibrad Shaqo:  Employed/Freelancer: …………………………………………………………………………………………… Shaqaale / Madax bannaan:  Contact details:  Macluumaadka lagaala xiriiri karo:  Address: ……………………………………………………………………………………………………..  Cinwaanka:  Street Address: …………………………………………………………………………………………………  Magaca Waddada ama Goobta:  Cell Phone: …………………………………………….. Email:…………………………………………………..  Telefoon: Email:  City: ………………………………………………..... Region/State…………………………………………….  Magaalada Gobolka:  Country: …………………………………………………  Waddanka:  Date of Birth: ………………………………… Applicant's ID/Passport NO……………………………………  Taariikhda Dhalashada: Numberka Aqoonsiga/Baasaboor:  Date of application: ……………………………………………………………….  Taariikhda Codsiga:  **DISCLAIMER / AFEEF:**  I…………………………………………………………………………………………………….. ………………………………AGREE TO ABIDE BY THE JOURNALISM CODE OF CONDUCT. I UNDERSTAND THAT MY MEMBERSHIP CAN BE REVOKED IF AND WHEN MY ACTIVITIES MILITATE AGAINST THE INTERESTS OF THE PROFESSION AND I WILL HAVE NO CLAIMS AGAINST SOMALI JOURNALISTS SYNDICATE (SJS).  ANIGOO AH………………………………………………………………………………………….. …………………………… WAXAAN OGOLAADAY IN AAN U HOGAANSAMO ANSHAXA SAXAAFADDA. WAXAAN FAHAMSANAHAY IN XUBNIMADEYDA AAN KU WAAYI KARO HADDII AAN KU KACO FALAL KA HOR IMANAYA MIHNADDA SAXAAFADDA, WAX CABASHA AHNA AAAN U QABI DOONIN URURKA SUXUFIYIINTA SOOMAALIYEED EE SJS.  SIGNATURE: …………………………………………………………………………………………………..  SAXIIX: |

*NOTE / XUSUUSIN:***1.** After filling this form, please send it to email: [membership@sjsyndicate.org](mailto:membership@sjsyndicate.org) or bring it physically to SJS Office. Please note that **ONLY** duly filled applications together with payment slip of the membership fee will be accepted for submission.

*Fadlan marka aad buuxiso foomkan u soo dir emailkan* [*membership@sjsyndicate.org*](mailto:membership@sjsyndicate.org) *ama keen Xafiiska SJS. Fadlan ogsoonow in* ***KALIYA*** *la oggol yahay in la soo gudbiyo foomka xubinnimada oo dhameystiran oo ay la socoto warqadda bixinta lacagta xubinnimada.*

**2.** Kindly attach a PHOTO of JPG or a PNG only.   
*Fadlan sawirka lifaaqa ka dhig JPG AMA PNG.*

**3.** After the submission of the membership form and payment of the membership fee, Somali Journalists Syndicate (SJS) will have the right to check all the information provided and reject your application if it contains false information.

*Kaddib soo gudbinta foomka codsiga xubinnimada, oo aad na bixiso lacagta xubinnimada, Ururka Suxufiyiinta Soomaaliyeed (SJS) wuxuu xaq u leeyahay inuu hubiyo dhammaan macluumaadka aad bixisay, wuuna diidi karaa codsigaaga haddii ay ku jiraan xog been abuur ah ama aan sax ahayn.*